

Quality of Care and Outcomes Assessment

SEX DIFFERENCES IN RISK FACTOR PROFILE AND OUTCOMES OF YOUNG ADULTS WITH OBSTRUCTIVE CORONARY ARTERY DISEASE

ACC Moderated Poster Contributions
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Background: In recent years, AMI admissions of young women have increased, despite the overall decrease in all other groups. This finding, coupled with their suboptimum prognosis and recovery post AMI highlights the need to better understand their characteristics and outcomes after presenting with obstructive CAD.

Methods: All British Columbians ≥ 20 years old who underwent catheterization and had obstructive CAD $>50\%$ between Jan 2000 - Dec 2002 were included. Sex differences in risk profile and rates of the composite endpoint: all-cause death, cardiac hospitalization and revascularization (MACE) among young adults (<55 years) were assessed.

Results: Of all patients ($n=24,202$), 19.3% ($n=4,663$) were young adults. Young women compared to young men had higher rates of DM (29.4% vs 19.3%; $p<0.01$), hypertension (51.1% vs 46.1%; $p=0.01$), PVD (7.8% vs 3.1%; $p<0.01$), COPD (8.9% vs 4.1%; $p<0.01$), and renal disease (3.4% vs 1.7%; $p<0.03$) but similar rates of smoking (69.4% vs 67.0%; $p=0.21$). Young women had a higher rate of MACE than young men [crude Hazard Ratio (HR) (95% CI): 1.17 (1.04, 1.31)], but closely resembled that of older groups ($p=0.14$) (Figure). Even after adjusting for comorbidities, young women still had poorer outcomes compared to young men [HR: 1.15 (1.03, 1.30)].

Conclusion: Among patients with obstructive CAD, young women had a worse risk profile and outcomes than young men but similar to that of older adults. This highlights the need for more effective primary prevention programs to improve outcomes.

